

Name  
in  
Full

Lattie Bertie Anderson

## CERTIFICATE OF DEATH

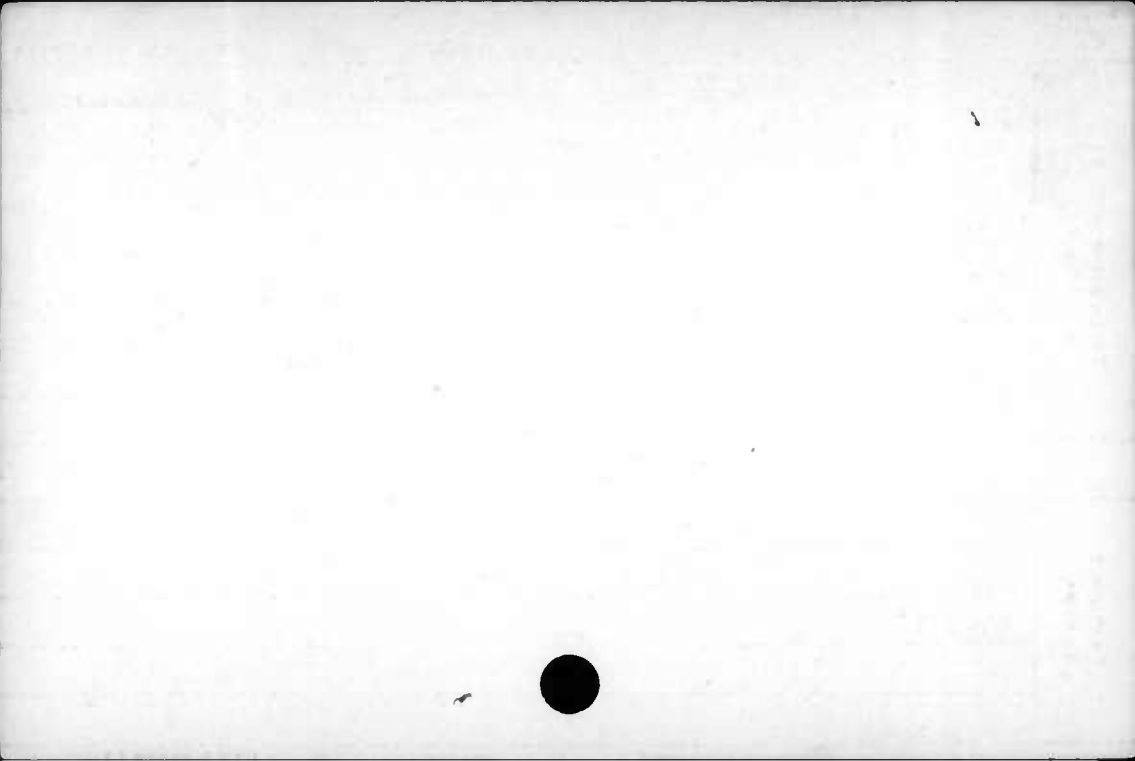
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lakesville		County Horchester		MARYLAND	
Date of death 190	3	Month July	Day 26	Age Years	18	Months 6	Days 4
Sex	Female		Color or Race	Anglo-Saxon		Birth- place	Maryland
Married, Single or Widowed	Married			Occupation	None		
Name of Wife or Husband	William Henry Anderson						
Father's Name	James C. Porter					Father's Birthplace	Maryland
Mother's Maiden Name	Mary C. Mills					Mother's Birthplace	Maryland
Name of person giving In formation	Mary C. Porter					How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Puerperal convulsions	How long	4 days
Immediate	138	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. A. R. Jones
		Address	614 1/2 Md
Accident or Suicide?	- - -		



Name  
in  
Full

Francis Edward Banks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Madison		County Horchester		MARYLAND	
Date of death 1903	Month July	Day 16	Age 25	Years	Months	Days	
Sex Male	Color or Race Colored		Birth- place Md				
Married, Single or Widowed			Occupation Sailor				
Name of Wife or Husband							
Father's Name H. M. Banks				Father's Birthplace Md			
Mother's Maiden Name Hedges				Mother's Birthplace Md			
Name of person giving Information Blaise Parrie				How related to deceased Brother Law			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	2 wks 12
Immediate	Pileuritis	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	B. J. Maguire M.D.
		Address	Church Creek
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

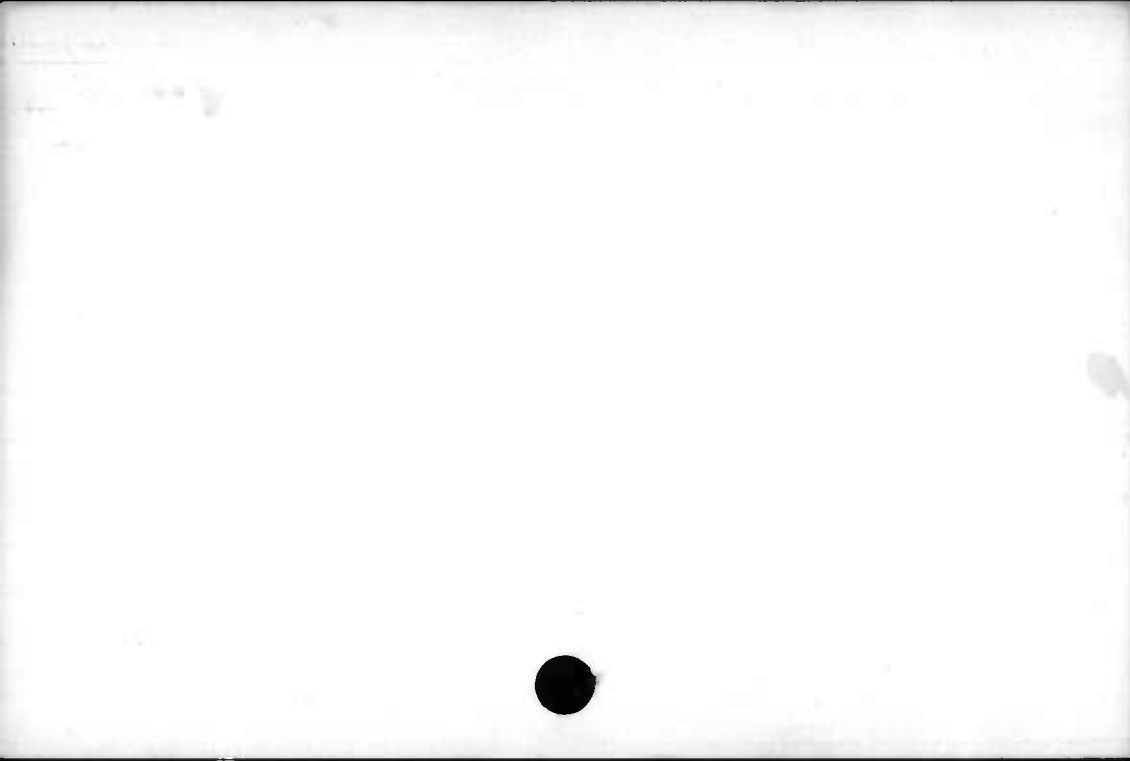
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Loua Briggs</i>		Town <i>Williamstown Dor</i>		County <i>Dor</i>		State <b>MARYLAND</b>	
Died at <i>Williamstown Dor</i>		Date of death <i>1903</i>		Month <i>July</i>		Day <i>1</i>	
Age <i>23</i>		Years <i>23</i>		Months <i>23</i>		Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>md</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Nesley Briggs</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's</i>	How long	<i>3 years</i>
Immediate	<i>150</i>	How long	<i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>R Kemp Jefferson</i>	
Address		<i>Federal's High</i>	
Accident or Suicide?		<i>md</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Catherine Bryan

Died at Golden Hill

Town

Dorchester

County

MARYLAND

Date of death 1903

Month

July

Day

6th

Age

Years

79

Months

7

Days

18

Sex Female

Color or  
Race

Colored

Birth-  
place

Dorchester Co. Md.

Married, Single  
or Widowed

Widow

Occupation

Housewife

Name of Wife or  
HusbandFather's  
Name

Clamantina Ross

Father's  
Birthplace

Dorchester Co. Md.

Mother's  
Maiden Name

Lottie Carr

1920

Mother's  
Birthplace

Dorchester Co.

Name of person giving  
In formation

Lelia Carolina Bryan

How related  
to deceased

daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Interstitial Nephritis

How long

about 2 years.

Immediate Cardiac Dilatation, Anasarca

How long

30 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

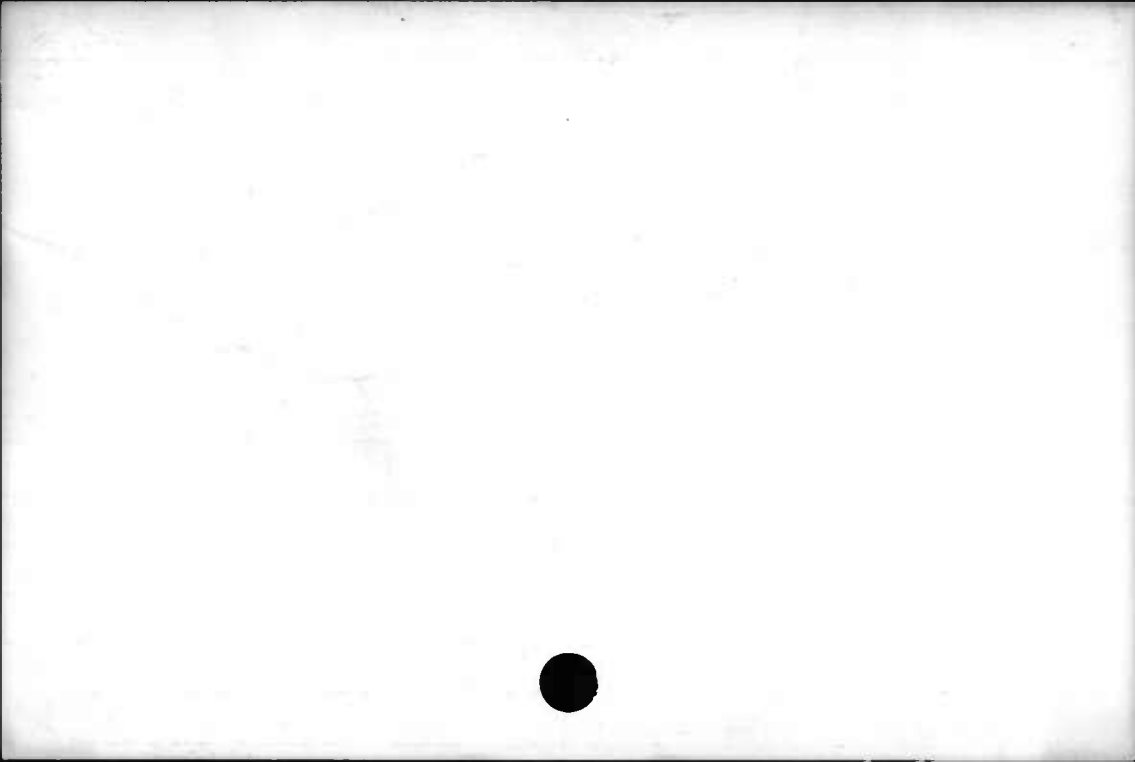
Signature of  
Physician

W. H. Houston M.D.

Address

Fishing Creek Md.

Amputation Site?





— CAROL

MARYLAND

Died at Secretary Town Sec. County

Date 19 03 Month 7 Day 10 Age 1-2 Y. M. D. Native of — Occupation Infant

~~Male~~ White Married Widow Divorced  
Female Colored Single Widower Number of children living no

Husband of —  
Wife —  
Father's Name James Earl Mother's Maiden Name Barger

Cause of Death { Primary 102 How long sick all its life  
Immediate Inflammation Bowels Accident, Suicide, Homicide

Reported by H. Sayers

Address E. Newmarket

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Lulu B. Chester*  
 near Town *Cambridge* County

MARYLAND

Died at *Harris Point* *Dorchester*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

*July**14<sup>th</sup>*

Age

*18-11-**Md*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

*Wm B. Chester*

Mother's

Maiden Name

*Nancy Morris*

Cause of

Primary

*Consumption*

How long sick

Death

Immediate

*do*

Accident, Suicide, Homicide

Reported by

*Le Comptre Harper*

Address

*Cambridge Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

*Nancy Colbourn*

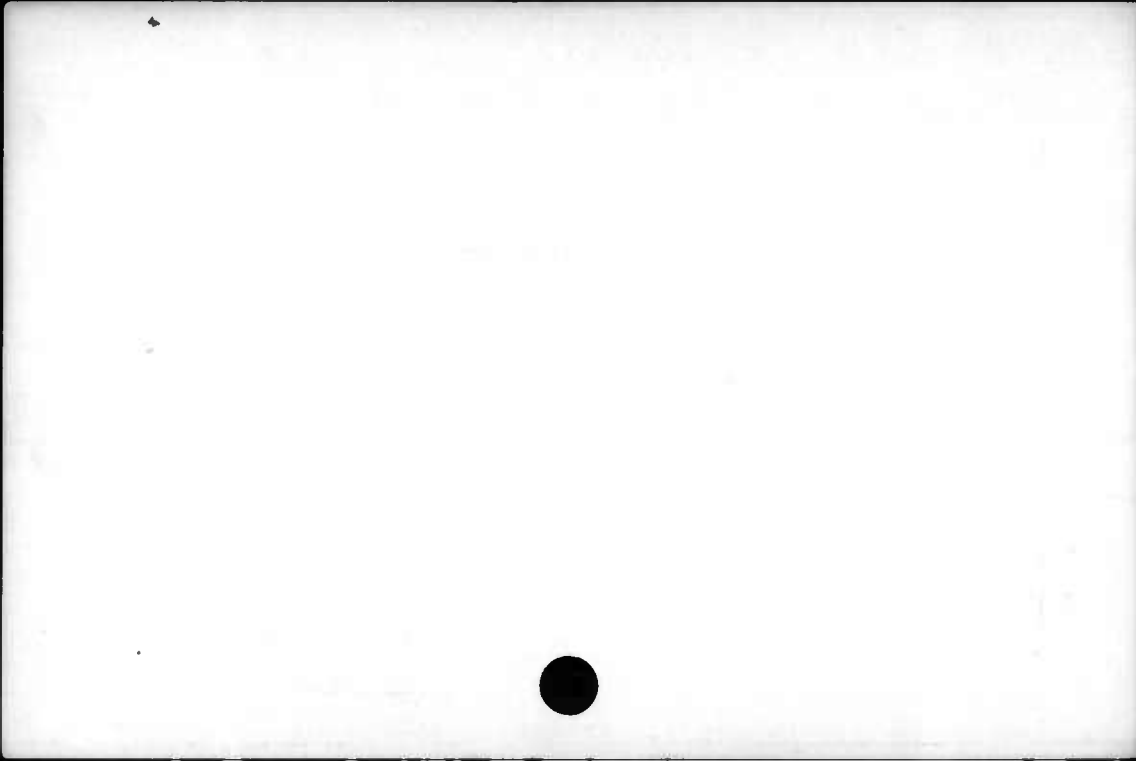
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Dor</i>		State <i>MARYLAND</i>	
Date of death <i>1903</i>	Month <i>July</i>	Day <i>9</i>	Age <i>87</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased <i>14</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>7 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kempf Jefferson</i>	
		Address <i>Federalburg md</i>	
Accident or Suicide?			



Kate Collins

Died at Secretary Town Dorchester County MARYLAND

Date 19 03 Month 7 Day 29 Age 30 Y.  M.  D.  Native of Id. Occupation Housewife

~~Male~~ White Married Widow Divorced  
Female Colored Single Widower Number of children living 1

~~Wife~~ of The Collins 138  
Wife Elizabeth Page Mother's Elizabeth Page  
Father's Name Arthur Page Maiden Name Elizabeth Page

Cause of Primary Purpura & clamping How long sick 3 weeks  
Death Immediate did not survive Accident, Suicide, Homicide

Reported by Physicians all day & her death

Address X Dr. Page & Dr. Hall  
2 New Market Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Mary G Collison

Town

County

Died at Brookview

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Date 1903 July 24

Age 37

Dor

Housewife

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Thomas H. Collison

Wife

Father's

Name

Mother's

Maiden Name

Do not know Maggie Owens

Cause of

Primary

Tuberculosis

How long sick

4 Mo

Death

Immediate

Dysentery and Premature labor

Accident, Suicide, Homicide

Reported by

E B Asher

Address

Galistown

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

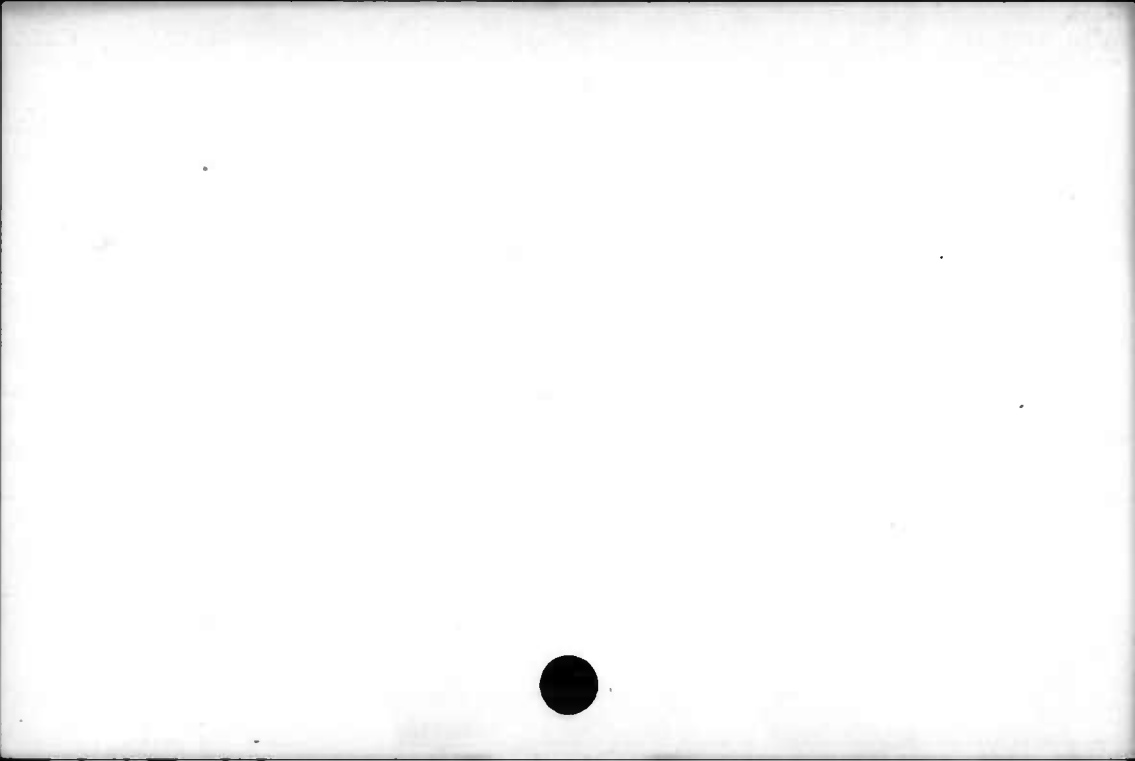
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Emily Cornish</i>		Town <i>Pineville</i>		County <i>Dor</i>		MARYLAND	
Died at <i>Pineville</i>		Month <i>July</i>		Day <i>28</i>		Age <i>65</i>	
Date of death <i>1903</i>		Sex <i>female</i>		Color or Race <i>black</i>		Birth-place <i>md</i>	
Occupation <i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Chas Cornish</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>heart disease</i>		How long <i>6 mo's</i>	
Immediate <i>79</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kent Jefferson</i>	
		Address <i>Federal City Md</i>	
Accident or Suicide?			



Name  
in  
Full

Robert Dudley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hills Point</i>		Town		<i>Barclay</i>		County	
Date of death 1903		Month <i>July</i>		Day <i>28</i>		Years <i>50</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Alabama</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farm hand</i>					
Name of Wife or <del>husband</del> <i>Caroline Dudley</i>							
Father's Name <i>not known</i>				Father's Birthplace <i>Alabama</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Caroline Dudley</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral regurgitation</i>	How long <i>1 yr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>R 4 B. #5 Cambridge</i>
Accident or Suicide?	<i>Mich</i>

M. Beckwith  
Charles Foster

Name  
in  
Full

Name *Y Gordon*

CERTIFICATE OF DEATH

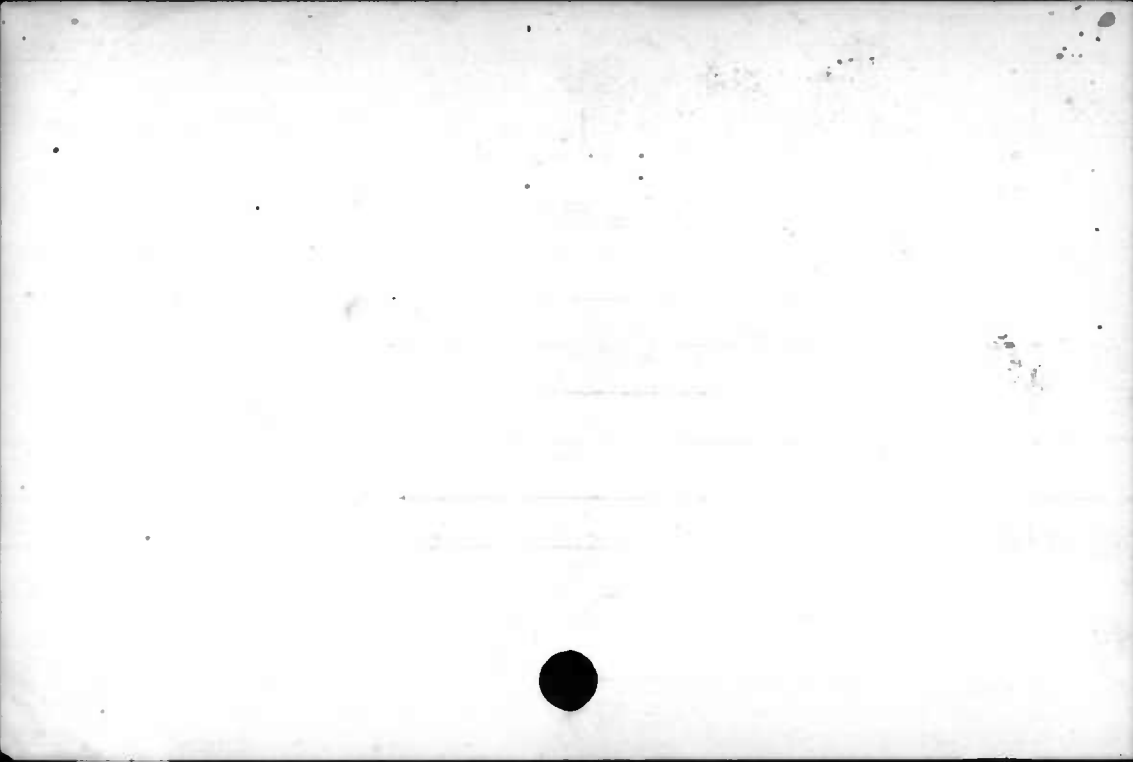
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Ma</i>		Town <i>Caulnays</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>July</i>	Day <i>13</i>	Age <i>13</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>			
Married, Single or Widowed				Occupation <i>School girl</i>			
Name of Wife or Husband							
Father's Name <i>Geo H Gordon</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Mar E. Riley</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Parent.</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever.</i>	How long	<i>3 weeks.</i>
Immediate	<i>E Lauska</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B H Goldborough</i>	
		Address <i>Camlng Ma</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

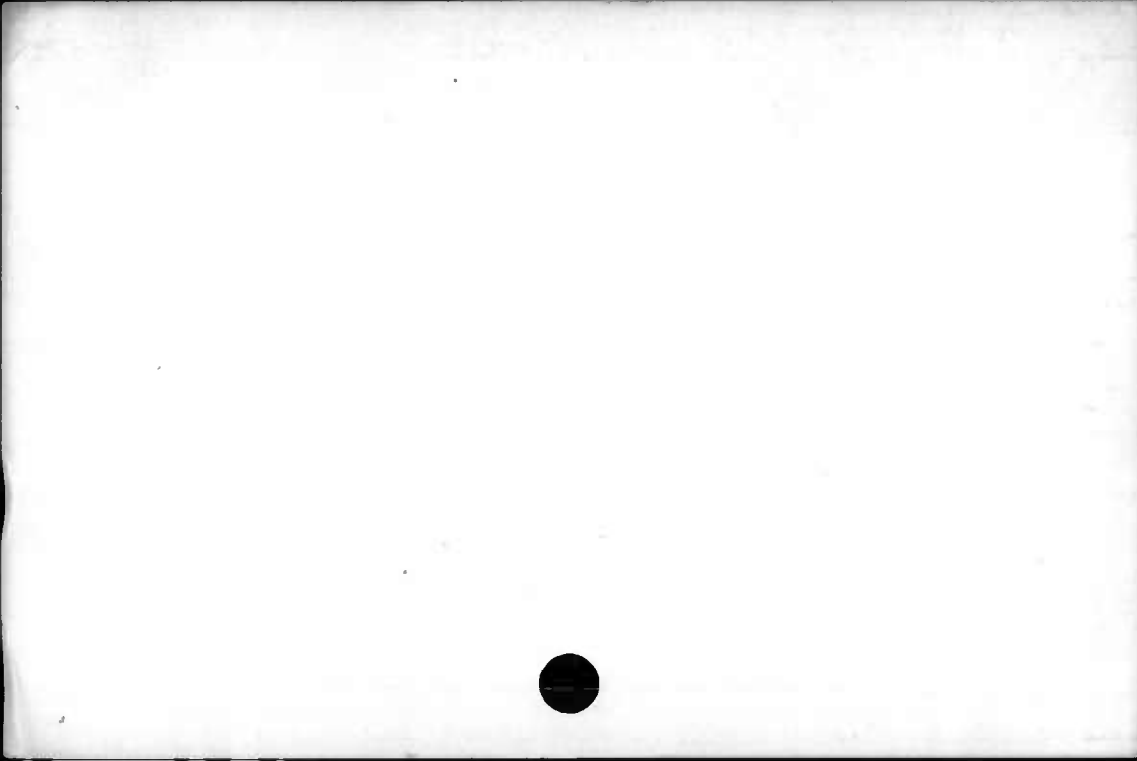
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Orchard</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>July</i>	Day <i>21</i>	Age <i>71</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Del</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Cambridge</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>W H Harrison</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Renal Arteriosclerosis</i>	<i>154</i>	How long <i>2 years</i>
Immediate <i>Cerebral</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Harrison</i>	
	Address <i>Cambridge</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

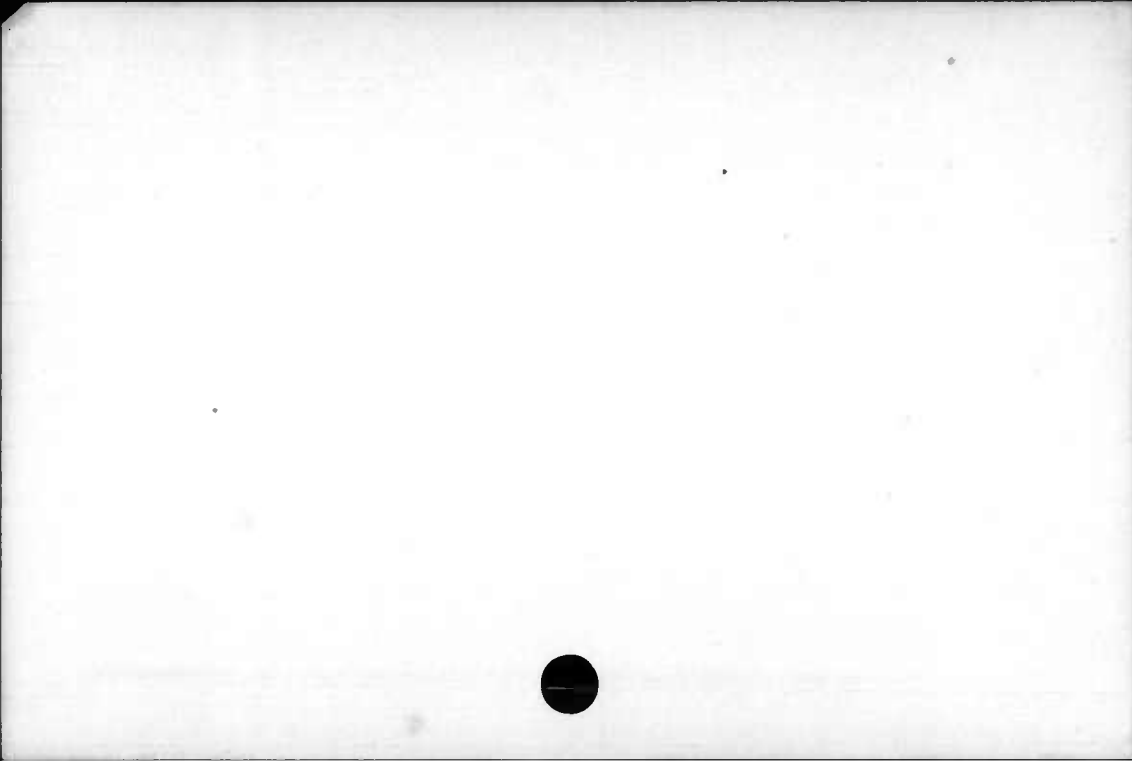
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Worcester		MARYLAND	
Date of death 190 <sup>Month</sup> 6 <sup>Day</sup> 27		Age <sup>Years</sup> 65		<sup>Months</sup> 3 <sup>Days</sup> 24	
Sex male		Color or Race white		Birth-place Brl.	
Married, Single or Widowed married		Occupation Real estate agt.			
Name of Wife or Husband Mary A. Adams					
Father's Name not ascertain		Father's Birthplace			
Mother's Maiden Name not ascertain		Mother's Birthplace			
Name of person giving information Jas. W. Hersey		How related to deceased son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Rheumatism	How long 4 1/2 years
Immediate Dyspepsia	How long 6 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician [Signature]
	Address Cambridge Md
Accident or Suicide?	



Name In Full

Certificate of Death

Died at 2 July 10 1902 Worchester MARYLAND

Date 1902	Month July	Day 10	Y. 11	M. 5	D. 02	Native of	Occupation
Male	White	Married	Age	11-5-02	Dr. or Dentist	Practitioner	Medicine
Female	Colored	Single	Widow	Widower	Divorced	Number of children living	5

Husband of C. A. Hudson  
 Wife Thos. C. Hudson  
 Father's Name Thos. C. Hudson Mother's Name C. A. Bumble  
 Cause of Death { Primary Paralysis How long sick 3 weeks  
 { Immediate Yes Accident, Suicide, Homicide

Reported by S. S. Howell M.D.  
 Address Vienna Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mildred L. Hopkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Brookline</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>July</u> <sup>Month</sup>	<u>24</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>9</u> <sup>Months</sup>	<u>20</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Bro. Co. Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>W. Howard Hopkins</u>			Father's Birthplace <u>Bro. Co. Md</u>		
Mother's Maiden Name <u>Maggie H. Paul</u>			Mother's Birthplace <u>Bro. Co. Md.</u>		
Name of person giving information <u>W. L. Hopkins</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Enterocolitis (Typhoid)</u>	How long <u>13 days</u>
Immediate <u>Brain fever (Cerebra)</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry Stetler</u>
	Address <u>Cambridge Md</u>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Mar</i> <i>Annapolis</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>15</i>	Age <i>—</i>	Months <i>3</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Dr. C. and</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>A. Hughes</i>			Father's Birthplace <i>Dr. C. and</i>		
Mother's Maiden Name <i>Louy Wabbe</i>			Mother's Birthplace <i>VA</i>		
Name of person giving information <i>A. Hughes</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Myocardium</i>	How long <i>all life</i>
Immediate <i>Exhaustion</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry Stute</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

John Hughes

Town

County

Died at Prawbridge DistBoncheste

MARYLAND

Date 19 03 July 30

Y. M. D.

Native of

Occupation

Age 66.Boncheste Farmer

Male

WhiteMarriedWidowDivorcedFemaleColoredSingleWidower

Number of children living

4

Husband of

Wife Susan HughesFather's Name John Hughes

Mother's

Maiden Name

dont know  
Eusea Huby

Cause of

Primary

ParalissesHow long sick 6 months

Death

ImmediateAccident, Suicide, Homicide

Reported by

S. S. Cwell M D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

David R. Hull ✓

## CERTIFICATE OF DEATH

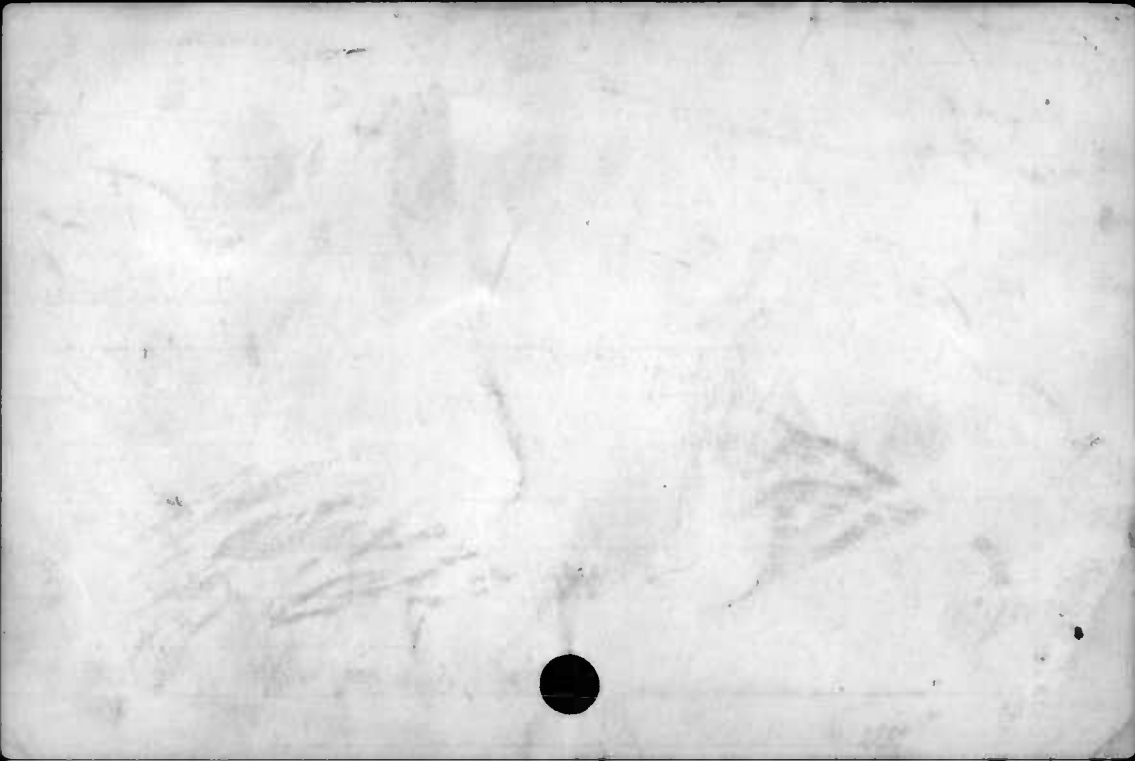
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>2</i>	Age	Months <i>9</i>	Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Cambridge</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>David J. Hall</i>			Father's Birthplace		
Mother's Name <i>Sadie Hall</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>two weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wilbur A. Drake M.D.</i>
		Address	<i>Cambridge, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Maria Jackson ✓

## CERTIFICATE OF DEATH

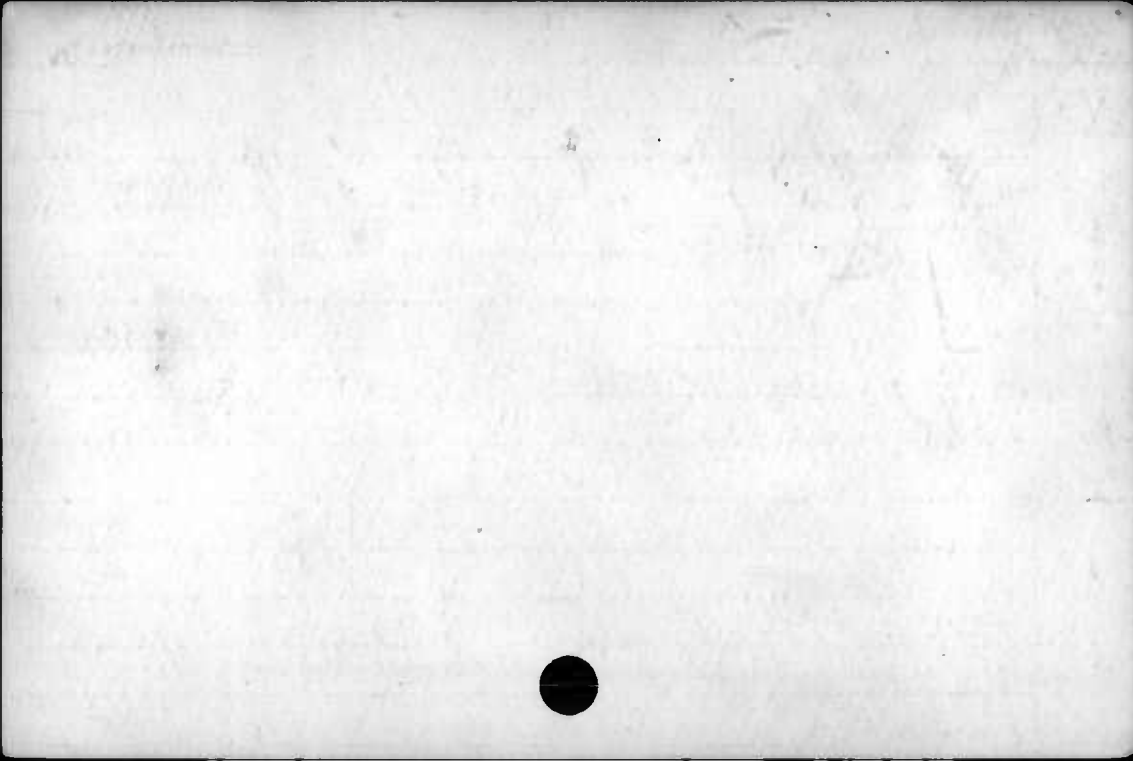
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Leamington</u> Town		<u>Dorch</u> County		MARYLAND	
Date of death 190 <u>3</u> Month <u>July</u>	Day <u>12</u>	Age <u>68</u> Years	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Leamington</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Laundress</u>			
Name of Wife or Husband <u>-</u>					
Father's Name <u>-</u>				Father's Birthplace <u>-</u>	
Mother's Maiden Name <u>Mary Farrow</u>				Mother's Birthplace <u>-</u>	
Name of person giving information <u>Lena Douglass</u>				How related to deceased <u>Daughter</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>old age</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. [unclear]</u>
	Address <u>[unclear]</u>
Accident or Suicide?	





Name  
in  
Full

Reta Pearl Johnson

CERTIFICATE OF DEATH

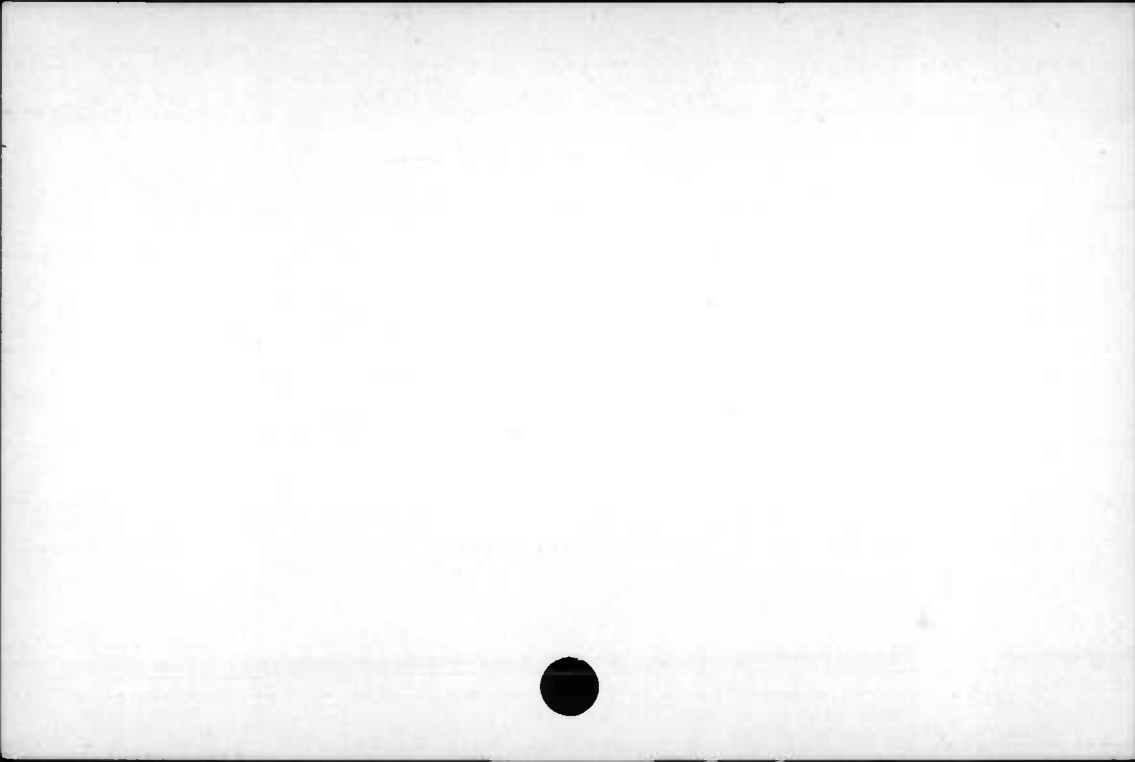
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Dorchester		MARYLAND	
Date of death 1903	Month 7	Day 12	Age	Years 3	Months 20
Sex Female	Color or Race White	Birth-place Bishop's Head			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name Goldsborough Johnson			Father's Birthplace Dorchester Co		
Mother's Maiden Name Lena Ruark			Mother's Birthplace " "		
Name of person giving information Father Goldsborough Johnson			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cholera Infantum	How long 5
Immediate Exhaustion.	How long 10
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. E. Wolff M.D.
	Address Cambridge, Md.
Accident or Suicide?	



Name  
in  
Full

Levin Richard Insley SUSLEY

## CERTIFICATE OF DEATH

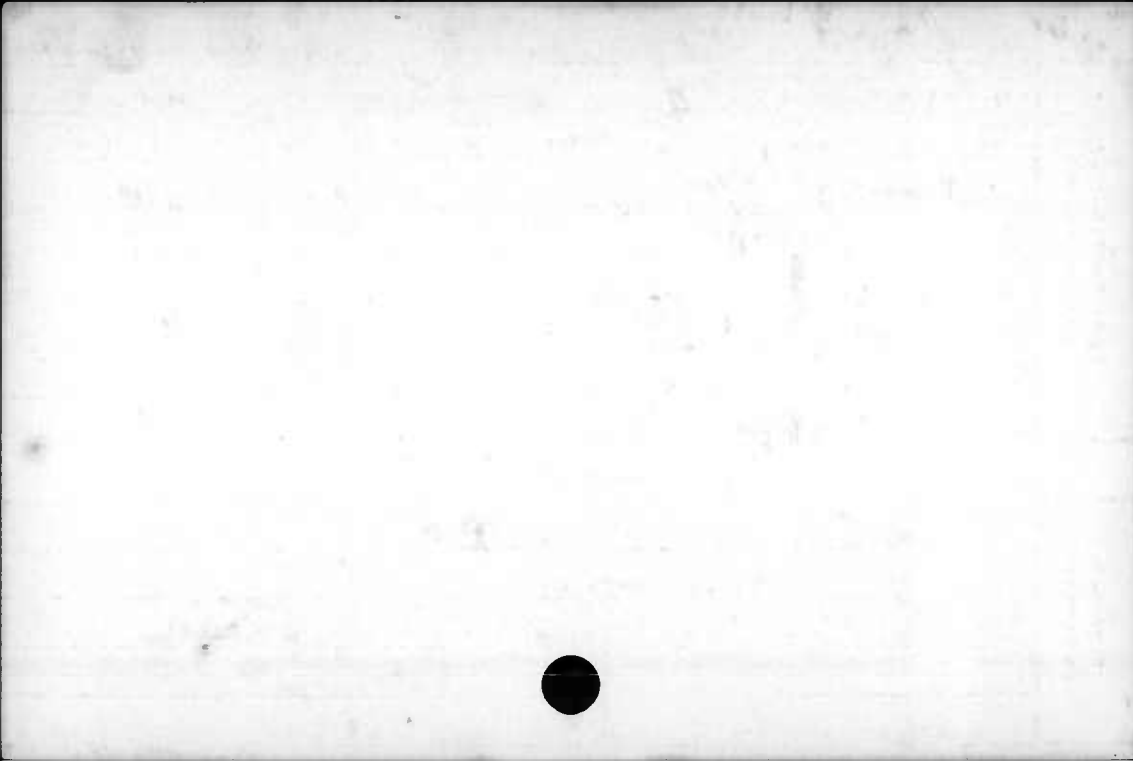
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lakewood</i> <sup>Town</sup>		<i>Honoluli</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>1</i>	Age <i>14</i>	Years <i>1</i>	Months <i>15</i>
Sex <i>Male</i>	Color or Race <i>Anglo-Saxon</i>		Birth- place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Levin Thomas Insley</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rachel L. Moore</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving In formation <i>Rachel L. Willey</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>10 days</i>
Immediate <i>14</i>	How long <i>14</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. P. Jones</i>
	Address <i>La Jolla</i>
Accident or Suicide? <i>—</i>	<i>Med</i>



Name  
in  
Full

Kain

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Cambridge</b> Town		<b>Worcester</b> County		MARYLAND	
Date of death 190 <b>3</b>	Month <b>July</b>	Day <b>28</b>	Age <b>—</b>	Months <b>—</b>	Days <b>7</b>
Sex <b>Female</b>	Color or Race <b>white</b>		Birth-place <b>Cambridge, Md.</b>		
Married, Single or Widowed <b>single</b>		Occupation <b>—</b>			
Name of Wife or Husband <b>—</b>					
Father's Name <b>Edgar W. Kain</b>			Father's Birthplace <b>N. Y.</b>		
Mother's Maiden Name <b>Helen L. Trickey</b>			Mother's Birthplace <b>Dr. C. Md.</b>		
Name of person giving information <b>H. L. Trickey</b>			How related to deceased <b>brother</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Placental hemorrhage</b>	How long <b>1 day</b>
Immediate <b>embolism</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Gay Stille</b>
	Address <b>Cambridge Md.</b>
Accident or Suicide?	



Name  
in  
Full

Eva Kish ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

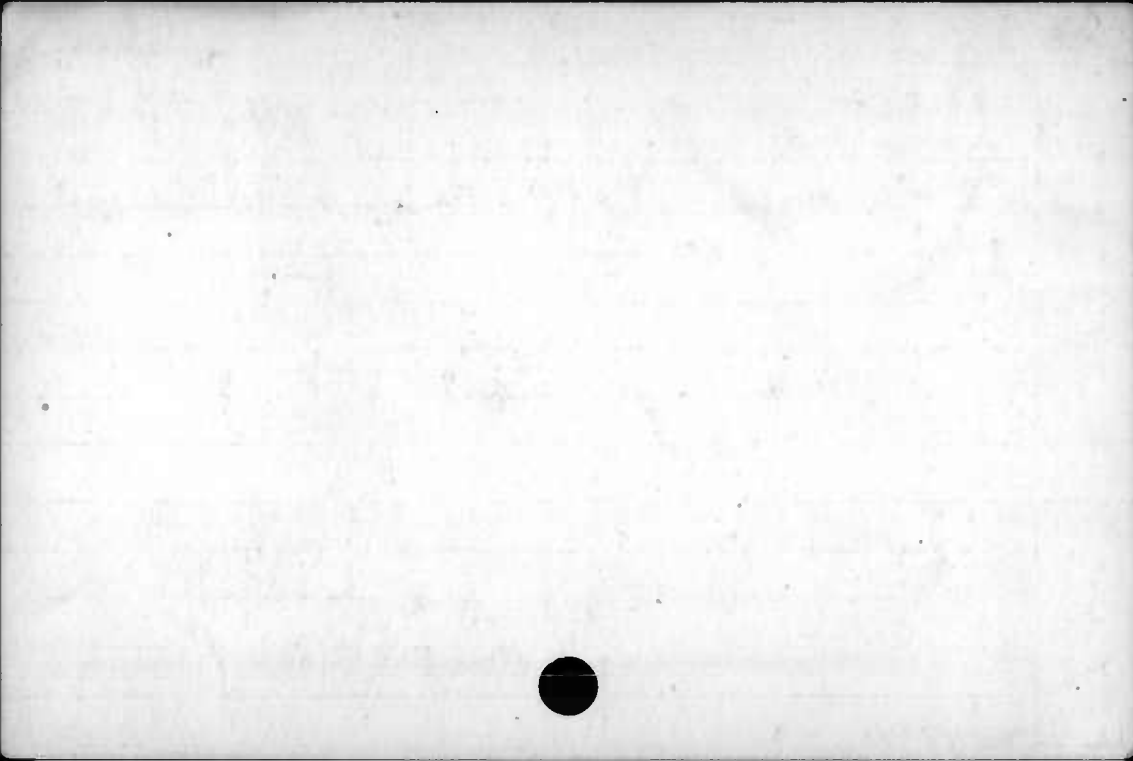
MARYLAND

Died at <u>Bucktown</u> Town		<u>Wor</u> County			
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>13</u>	Years <u>18</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Burkplace</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>James A Kish</u>			Father's Birthplace <u>Bucktown</u>		
Mother's Maiden Name <u>Anna Hakes</u>			Mother's Birthplace <u>Lakes</u>		
Name of person giving Information <u>James A Kish</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>about 7 days</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. Mace</u>
	Address <u>Crossland</u>
Accident or Suicide?	





Name  
in  
Full

*24 Felicia Pearl Langrall*

## CERTIFICATE OF DEATH

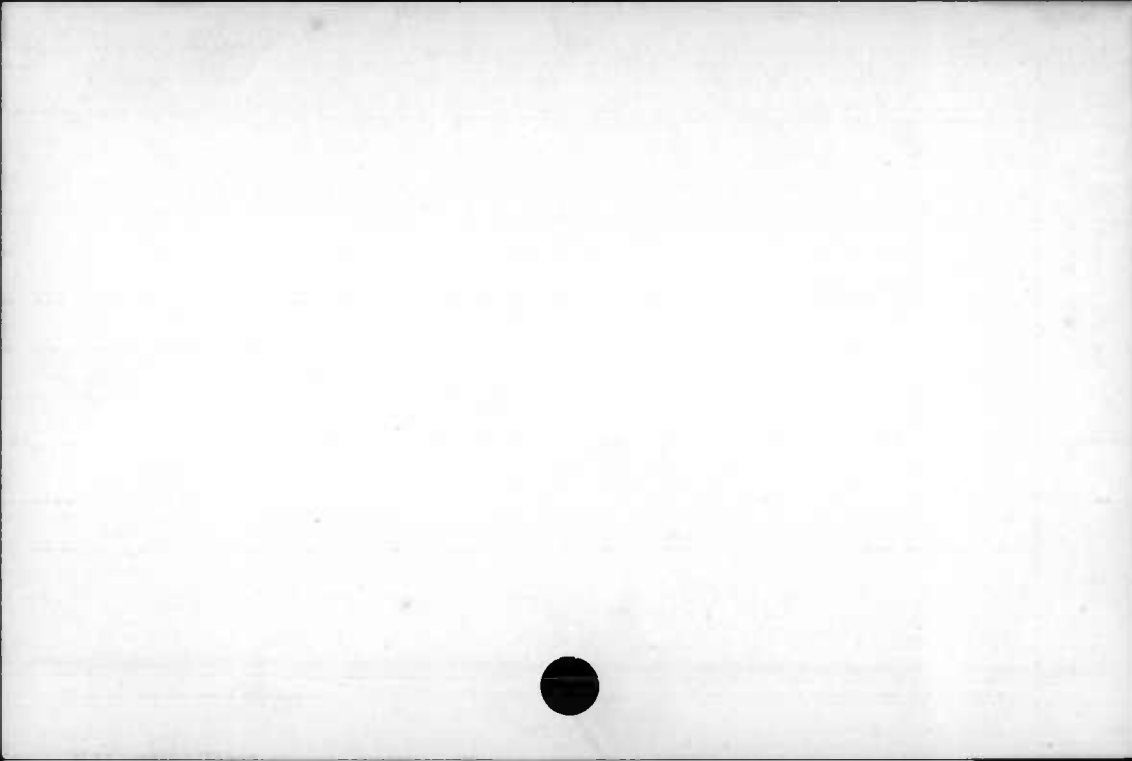
TO BE ANSWERED BY  
NEAREST FRIEND

Died at			Town			County		
Date of death 1903			Month 7		Day 23		Years	
Sex Female			Color or Race White			Months 5		
Married, Single or Widowed			Occupation			Birth-place Cambridge, Md		
Name of Wife or Husband								
Father's Name Henry W Langrall						Father's Birthplace Dorchester Co		
Mother's Maiden Name O'Levy Mills						Mother's Birthplace Dorchester Co		
Name of person giving information H W Langrall						How related to deceased Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	5
Immediate	<i>Exhaustion</i>	How long	10
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E E Wolff M D	
		Address	
		Cambridge, Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

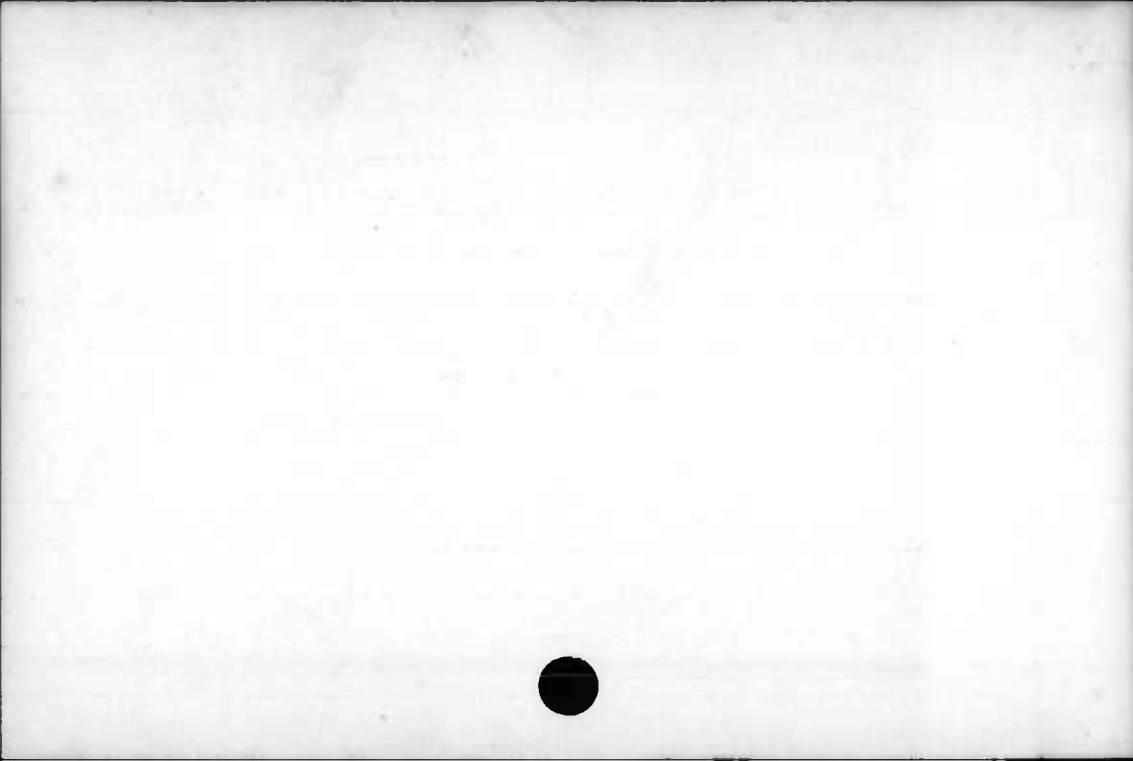
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 190	Month <i>July</i>	Day <i>9</i>	Age	Years <i>42</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Wgns</i>		Birth- place <i>Ind.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Shoe maker</i>					
Name of Wife or Husband <i>Jamie Montgomery</i>							
Father's Name <i>Jerry Harris</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Adeline Kink</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving In formation <i>Jamie M. Harris</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Phthisis</i>	How long	<i>Several months</i>
Immediate	<i>Exhaustion</i>	How long	<i>27</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wilbur A. Drake, M.D.</i>	
		Address <i>Cambridge, Ind.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Martha Marine

Town

County

Died at

Galestown

Dor

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

July 17

Age

38

Dor

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband

of

Hose J Marine

Wife

Father's

Name

Ezekiel Wheatley

Mother's

Name

Anna Wheatley

Cause of

Primary

Dysentary

14

How long sick

14 days

Death

Immediate

Inflammation of Bowels

Accident, Suicide, Homicide

Reported by

Dr E R Osler

Address

Galestown

Dor Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Lizzie Parker

Died at Town Vienna

County Dorchester

MARYLAND

Date 1903 July 29

Y. M. D.

Age 45

Native of

Dorchester

Occupation

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

7

Husband of

Wife James Parker

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

R. J. Price

Address

Vienna, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

David Pinkette col

Certificate of Death

Town

County

Died at

Venus

Dorchester

MARYLAND

Date 19

03 July 14

Age

48

Native of

Dorchester

Occupation

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

One

Husband of

Wife

Belia

Father's

Name

Belia Jones

Mother's

Maiden Name

Belia

Cause of

Primary

Dropsey

177

How long sick

2 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Venus M. D.

S. S. Ewell M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		Christian Pinder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	P.O. <i>Army</i> Town		County <i>Onchester</i>		MARYLAND		
	Died <i>Army</i>						
	Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>8</i>	Age <i>66</i>	Years	Months	Days
	Sex <i>Female</i>	Color or Race <i>Caucas</i>		Birth-place <i>On. Co. Md.</i>			
	Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>				
	Name of Wife or Husband <i>Patr. Pinder</i>						
	Father's Name <i>Donal Cornish</i>				Father's Birthplace <i>On. Co. Md.</i>		
	Mother's Name <i>Mary Cornish</i>				Mother's Birthplace <i>On Co. Md.</i>		
Name of person giving information <i>Chas. A. Pinder</i>				How related to deceased <i>Son</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Dysentery</i>				How long <i>10 days</i>		
	Immediate <i>Exhaustion</i>				How long <i>14</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yps</i>				Signature of Physician <i>Ray Steele</i>		
					Address <i>Cambridge Md.</i>		
	Accident or Suicide?						



Name  
in  
Full

Marna Ruark

## CERTIFICATE OF DEATH

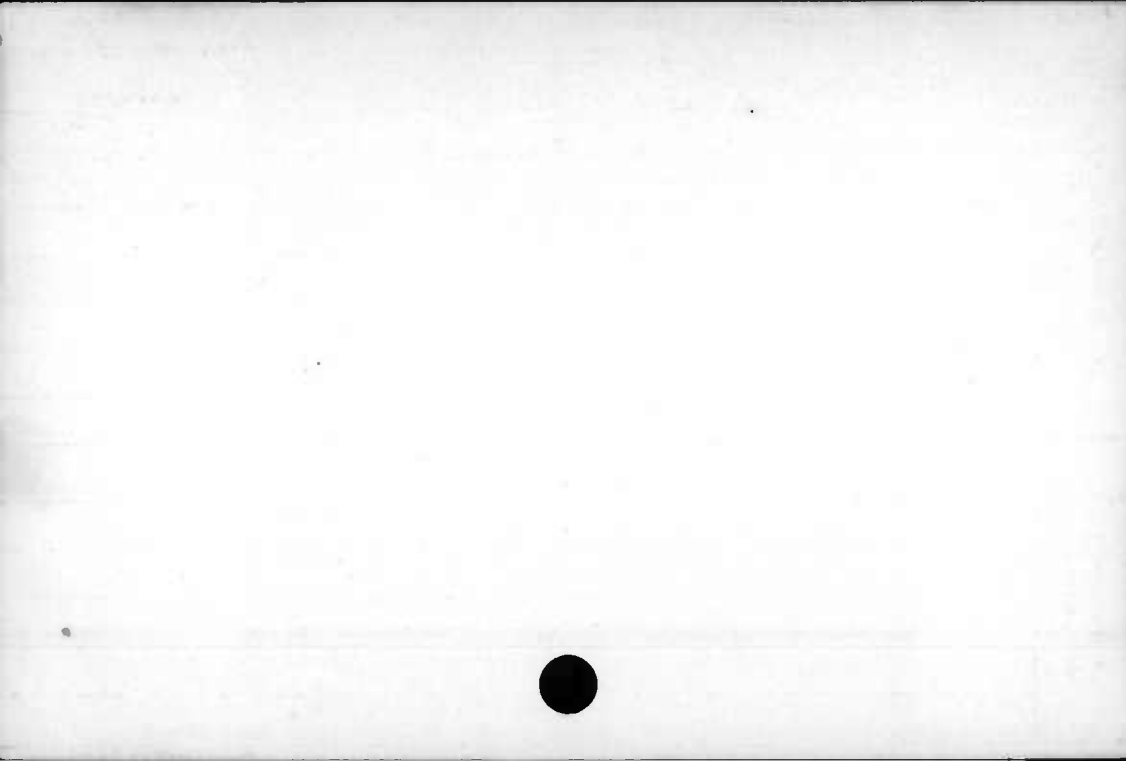
TO BE ANSWERED BY  
NEAREST FRIEND

Died at: <sup>Town</sup> Bishop Head		<sup>County</sup> Worcester		MARYLAND	
Date of death 190	3	Month	July	Day	2
Age	4	Years	4	Months	4
Sex	Female	Color or Race	Anglo Saxon	Birth-place	Maryland
Married, Single or Widowed	Single	Occupation	None		
Name of Wife or Husband					
Father's Name			Frederick E. Ruark		
Father's Birthplace			Maryland		
Mother's Maiden Name			Ella E. Browne		
Mother's Birthplace			Maryland		
Name of person giving information			Frederick E. Ruark		
How related to deceased			Father		

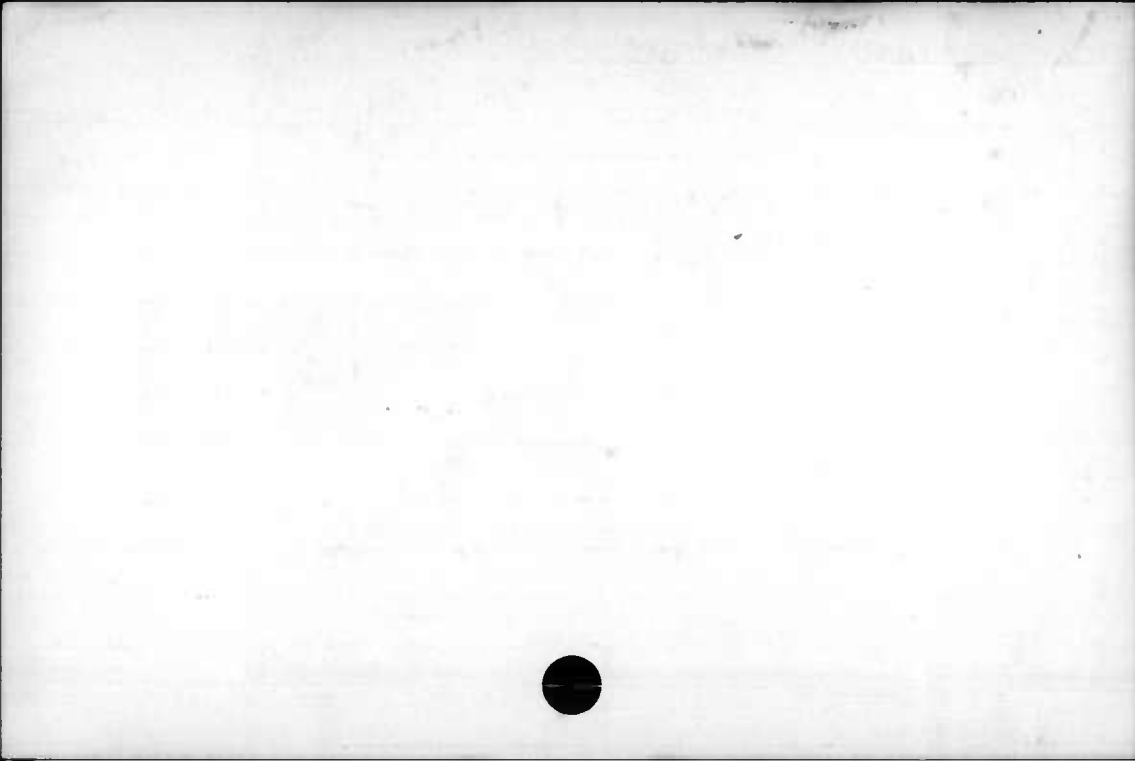
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro-enteritis	How long	10 days
Immediate	Exhaustion	How long	105
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. A. P. Jones	
Address		Leona	
Accident or Suicide?		No	



Name in Full		Edgar Shockleford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge	County Worcester		MARYLAND	
	Date of death 190	2	Month July	Day 13	Age	Years	Months
	Sex	Male		Color or Race	White		Birth-place W.C. Md
	Married, Single or Widowed	Single		Occupation —			
	Name of Wife or Husband —						
	Father's Name	Edgar Shockleford				Father's Birthplace	W.C.
	Mother's Maiden Name	Fannie Scott				Mother's Birthplace	Md.
Name of person giving information						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Hypertension (anuric)				16 days		
	Immediate				How long		
	Exhaustion				14		
	Are the name, age, sex, color, date and place correctly given above?				Yes		
				Signature of Physician Guy Steele			
				Address Cambridge Md.			
Accident or Suicide?							





Name  
in  
Full

Weighman Sharp.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Dorchester		MARYLAND	
Date of death 1903	Month 7	Day 9	Age	Years 8	Months 14
Sex Male	Color or Race	Black	Birth-place	Cambridge	
Married, Single or Widowed Single			Occupation Child		
Name of Wife or Husband					
Father's Name Willoughby Sharp.			Father's Birthplace Caroline Co. Md.		
Mother's Maiden Name Susan Kerr			Mother's Birthplace Dorchester Co.		
Name of person giving information Willoughby Sharp			How related to deceased Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	105
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. E. Wolff M.D.	
		Address Cambridge, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

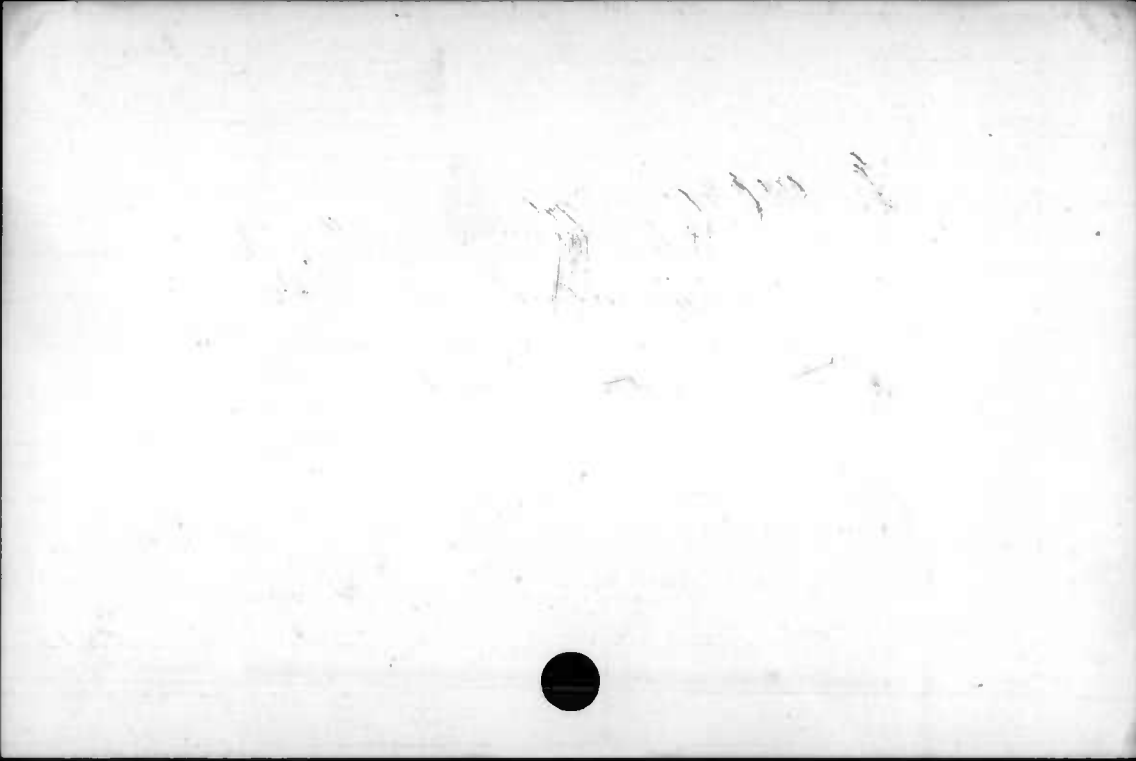
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Amy Hall Simmers</i>		Town <i>Woolfords</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Date of death 1903		Age		Months	
		Month <i>July</i>		Day <i>12<sup>th</sup></i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Days	
Married, Single or Widowed <i>Infant</i>		Occupation <i>Infant</i>					
Name of Wife or Husband <i>Infant</i>							
Father's Name <i>Charles H. Simmers</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Amy F. Hall</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Amy F. Hall</i>		How related to deceased <i>Mother</i>					

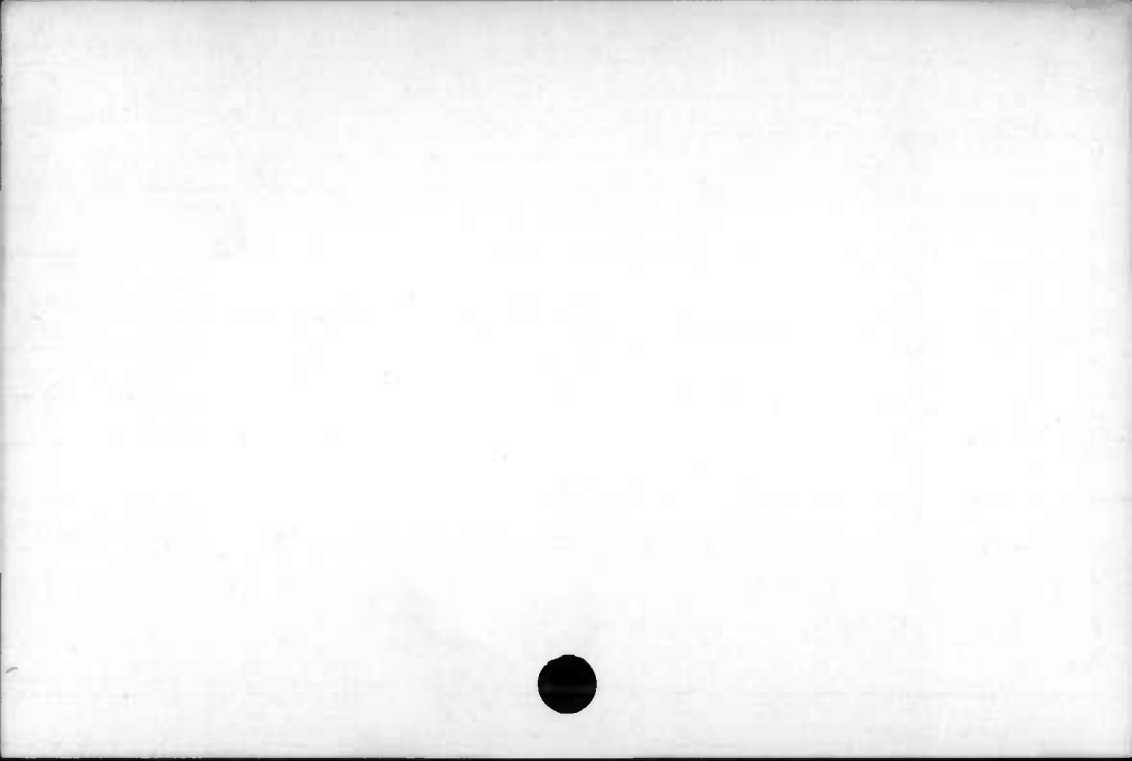
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Enteritis</i>	How long	<i>Several months</i>
Immediate	<i>General Exhaustion</i>	How long	<i>105</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. L. Smith M.D.</i>	
<i>Yes</i>		Address <i>Madison, Md</i>	
Accident or Suicide?			



Name in Full		Emma Viola Stewart				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Cauling		Donkister		MARYLAND	
		Date of death 1903		Month		Day	
		3		July		4	
		Age		Years		Months	
		15					
Sex		Female		Color or Race		White	
Birth-place		Laksville. Md		Occupation			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name		James R Stewart		Father's Birthplace		Laksville Md	
Mother's Maiden Name		Emma - Mae Hamasa		Mother's Birthplace		" "	
Name of person giving information		Mrs Henry Lealand		How related to deceased		Aunt	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Malaria		How long	
		E. Lealand		105		Since birth	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		a few days	
		Signature of Physician		D. G. Gola			
Address		Cauling Md					
Accident or Suicide?							



Name in Full

Certificate of Death

Ruth Ann Thomas

Town

County

Died at

Hunlocks

Worcester

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 4th

Age 10

7 16

M. S.

School child

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Martin Thomas

Mother's

Maiden Name

Jane T. H. Orsen

Cause of

Primary

Acute Rheumatism

How long sick

1 week

Death

Immediate

Syncope

~~Accident, Suicide, Homicide~~

Reported by

E. R. Rogers, M.D.

Address

Hunlocks

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name  
in  
Full

Mary F. Thomas Vaughan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Church Creek		<sup>County</sup> Worcester		MARYLAND	
Date of death 190	3	Month	July	Day	3
Age	Years		Months		Days
Sex	Female		Color or Race	Colored	
Married, Single or Widowed	Single		Occupation	Dressmaker	
Name of <del>Wife or</del> Husband	Matthews Vaughan				
Father's Name	Matthews Vaughan		Father's Birthplace	Church Creek	
Mother's Maiden Name	Rachel Montgomery		Mother's Birthplace	Church Creek	
Name of person giving information	Father		How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	How long	10 days
Immediate	Convolutions	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	B. F. Maguire
		Address	Church Creek
Accident or Suicide?	—		



Name  
in  
Full

Kater Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Dorchester		MARYLAND	
Date of death 1903	Month 7	Day 8	Age Years 28	Months —	Days —
Sex Female	Color or Race Black		Birth-place	New Dist.	
Married, Single or Widowed Single			Occupation		
Name of Wife or Husband					
Father's Name Thomas J. Ward			Father's Birthplace Dorchester Co		
Mother's Maiden Name Emily Wilson			Mother's Birthplace " "		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis	How long
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. E. Wolff M.D.
	Address Cambridge, Md.
Accident or Suicide?	



Name  
in  
Full

H. O. Wiley

## CERTIFICATE OF DEATH

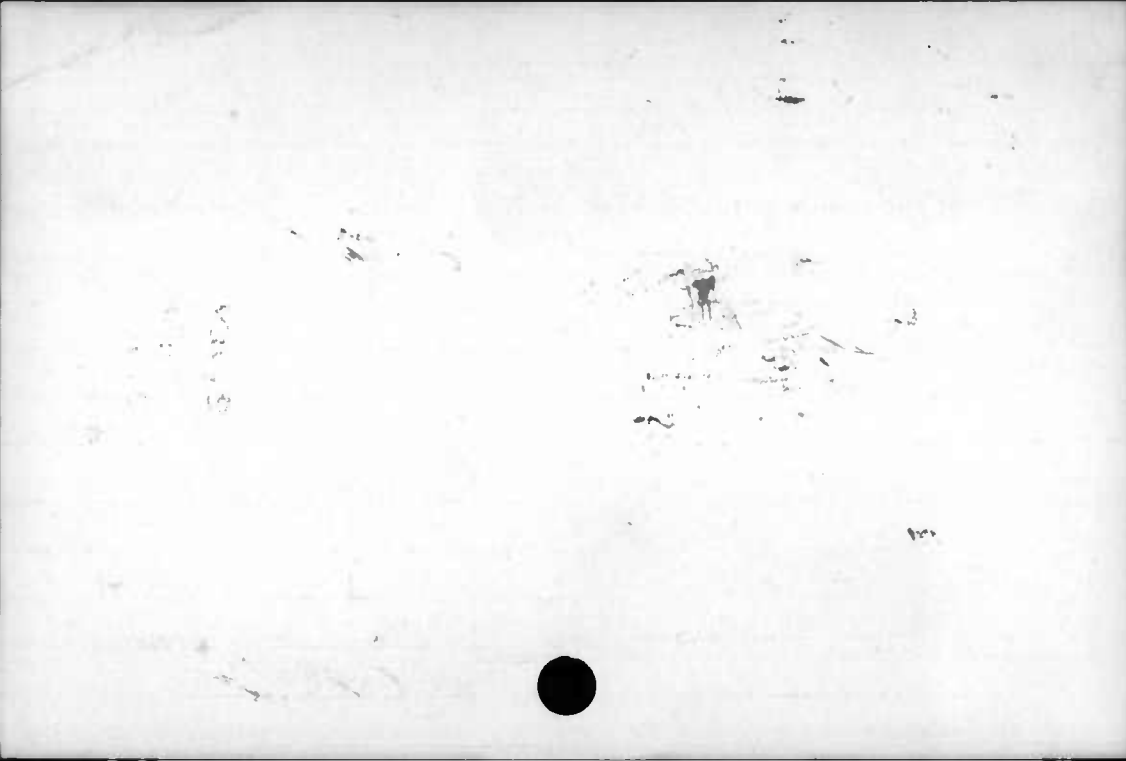
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Camlng</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>July</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>20</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Camlng Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Clerk in store</u>		
Name of Wife or Husband					
Father's Name <u>W. J. Wiley</u>			Father's Birthplace <u>Dorchester Md</u>		
Mother's Maiden Name <u>Mollie E. Gootie</u>			Mother's Birthplace <u>Dorchester Md</u>		
Name of person giving information <u>W. J. Wiley</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis (Pulmonary)</u>	How long <u>9 months</u>
Immediate <u>Hemorrhage</u>	How long <u>a few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. L. G. G. G. G.</u>
	Address <u>Camlng Md</u>
Accident or Suicide?	



Name In Full

Certificate of Death

Burl. Trilson

Died at 2. N. Market Town Der. County MARYLAND

Date 19 13 7 4 Month Day Y. M. D. Age 2 Native of Ind - Infant Occupation Infant

Male White Married Widow Divorced Female Colored Single Widower Number of children living 0

Husband of 101

Wife

Father's Name Burl. Trilson Mother's Maiden Name Hattie Banks

Cause of Death { Primary Phlegmonous tonsillitis How long sick 10 days

Death { Immediate Phlegmonous tonsillitis Accident, Suicide, Homicide

Reported by Dr. A. S. Sayers

Address East Admonket Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Gross. Walter

Died at

Robert Creek

County

Frederick

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

July 18

Age

10

1

9

Md

child

Male

White

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Howard Gross

Mother's

Maiden Name

May Thompson

Cause of

Primary

Typhoid Fever + Pneumonia

How long sick

12 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Victor E. Hitch

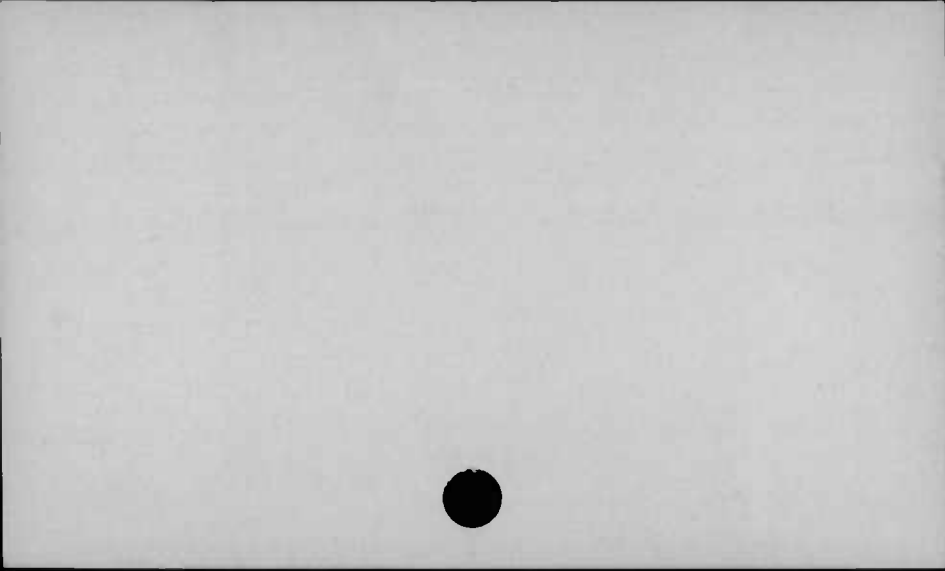
Address

East Brown St

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Name  
in  
Full

Annis Eugenie

Wester

## CERTIFICATE OF DEATH

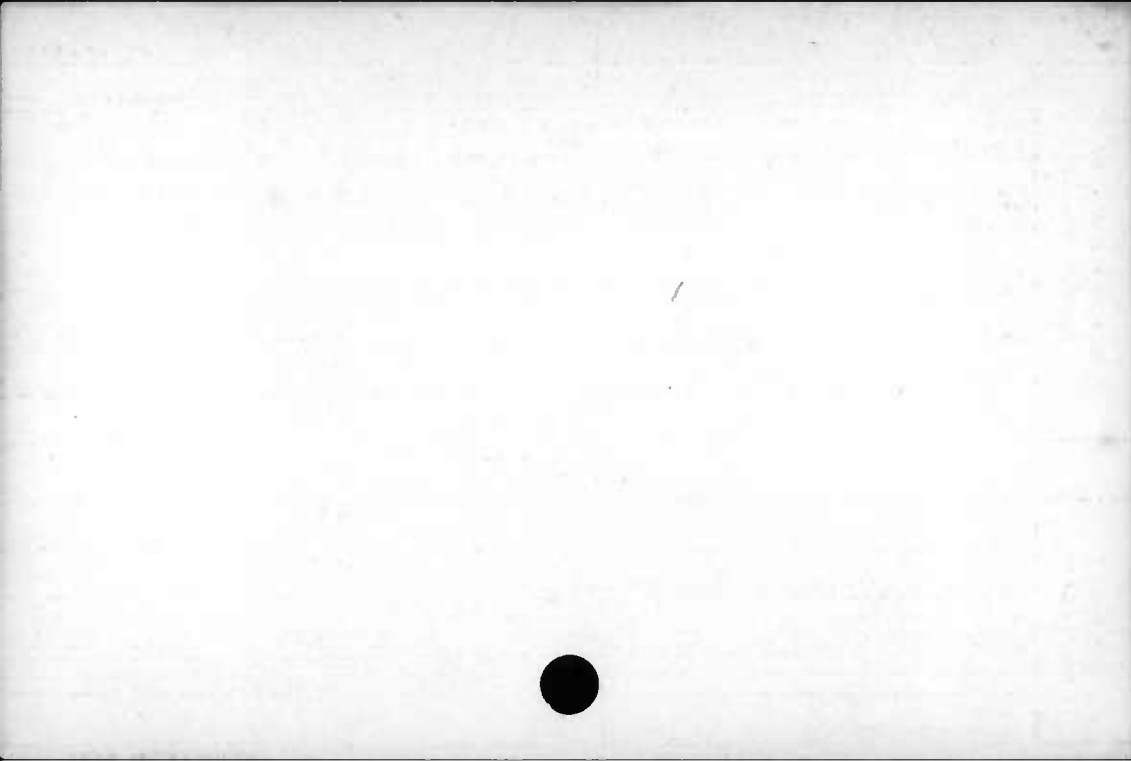
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lakewood</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>23</i> <small>Years</small>	<i>28</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Anglo-Saxon</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>Daniel Henry Wester</i>					
Father's Name <i>Oliver Perry Tyler</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Elizabeth Rank</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mary Elizabeth Tyler</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>8 days</i>
Immediate <i>Nothing</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. P. Jones</i>
	Address <i>640</i>
Accident or Suicide? <i>- - -</i>	<i>Spd</i>



Name  
in  
Full

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>drowned in Chesapeake bay</i>		Town		County		MARYLAND	
Date of death 1903	Month <i>about-July</i>	Day <i>1st</i>	Years <i>Age about-50</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>supposed to be colored</i>		Birth- place <i>not known</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>William H James</i>				How related to deceased <i>no relation</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>172</i>	How long
Immediate <i>supposed to have been drowned</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. E. Moore Coroner</i>	
	Address <i>Cornersville Md</i>	
Accident or Suicide?		

